# 9220104416 Pers

Trip Number

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 23/02/2018 12:00 PM
Trip End Date: 23/02/2018 17:00 PM

**General Trip Information** 

Country/Region: CA-Ontario STA Applied: No

Category: 1. Operational Activities TAN:

Trip Type Statutory: 1- Regular Travel CDF: 000

Destination: 101 College Street, Toronto, ON

Departure Address 2720 Britania Road East

RATOC Number:

Travel Plan Reference Number:
Objective: Operations

# Summary of SettlementExpensesAmount (CAD)Per Diems for Meals18.90Travel Flat Rates36.48Sum of Receipts to be Reimbursed20.00Reimbursement Amount75.38

### **Cost Assignment**

75.38 CAD of 75.38 CAD assigned to:

Company Code: 0850 CBSA / ASFC
Cost Center: 397150000 Dir. Comm. Ops

Order:

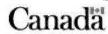
Fund:

Functional Area: 35220 AIR MODE COMMERCIAL

# Meals and Incidentals (Per Diem and Receipts)

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
23/02/2018	002	Lunch	18.90	CAON
		Sum Meals & Incid. man. keyed	18.90	
		Total Meals and Incidentals	18.90	

### Kilometer Allowance



17/08/2020 Date:

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Trip Number

8550104416

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 23/02/2018 12:00 PM Trip End Date: 23/02/2018 17:00 PM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
23/02/2018	32	0.57	Employer Request, Ontario	18.24
23/02/2018	32	0.57	Employer Request, Ontario	18.24
				36.48

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
February 23, 2018		Kilometers:	32
Start Location:	2720 Britannia Road East	End Location:	101 College Street, Toronto, ON
February 23, 2018		Kilometers:	32
Start Location:	101 College Street, Tornto, ON	End Location:	2720 Britannia Road East

Receipts					
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code	
23/02/2018	001	Parking/ Tolls	20.00 CAON	CAON	
		Sum of Receipts	20.00	CAON	

Additional Receipt Information				
No.	Receipt	Туре	Content	
001	Parking/ Tolls	Description	Parking reciept	
		Additional Text for Receipt	Meeting Cyber Security Executive Briefing	
002	Lunch	Description	lunch	

# Comments

Cyber Security Executive Briefing

Date:

17/08/2020

Page:

Trip Number

1 / 2 8550116395

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 31/01/2019 00:00 AM Trip End Date: 31/01/2019 00:01 AM

**General Trip Information** 

Country/Region: STA Applied: Yes CA-Ontario

1. Operational Activities TAN: Category:

Trip Type Statutory: CDF: 000 1- Regular Travel

Destination: Pearson International Airport

Departure Address RATOC Number:

Travel Plan Reference Number: Objective: Operations

### **Summary of Settlement Expenses** Amount (CAD) **Travel Flat Rates** 11.40 Sum of Receipts to be Reimbursed 36.25 Reimbursement Amount 47.65

# **Cost Assignment**

47.65 CAD of 47.65 CAD assigned to:

Company Code: 0850 CBSA / ASFC Cost Center: 397150000 Dir. Comm. Ops

Order: Fund:

Functional Area: 10500 Comm.-Trade Facil. & Comp

Date	No.	Expense Type	Amount Tax Jur. (CAD) Code
		Sum Meals & Incid. man. keyed	0.00
		Total Meals and Incidentals	0.00

Kilometer Allowance					
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)	
31/01/2019	10	0.57	Employer Request, Ontario	5.70	

17/08/2020 Date:

Trip Number

2 / 2 Page:

8550116395

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 31/01/2019 00:00 AM Trip End Date: 31/01/2019 00:01 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
31/01/2019	10	0.57	Employer Request, Ontario	5.70
				11.40

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
January 31, 2019		Kilometers:	10
Start Location:	2720 Britannia Rd E. Miss Ont	End Location:	Terminal 1 at Pearson
January 31, 2019		Kilometers:	10
Start Location:	Terminal 1 at Pearson	End Location:	2720 Britannia Rd E. Miss Ontario

Receipts					
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code	
31/01/2019	001	Parking/ Tolls	33.00	CAON	
31/01/2019	002	Parking/ Tolls	3.25	CAON	
		Sum of Receipts	36.25	CAON	

Addi	tional Receipt Information		
No.	Receipt	Туре	Content
001	Parking/ Tolls	Additional Text for Receipt	Parking receipts
002	Parking/ Tolls	Additional Text for Receipt	Parking receipt

# Comments

The Cortex Meeting at T1

17/08/2020 Date:

1 / 2 Page:

Trip Number

8550116396

# **Travel Expense Statement**

Personnel Number:

Trip Number

Traveller's Name: Aiesha Zafar

Trip Start Date: 14/12/2018 00:00 AM Trip End Date: 14/12/2018 00:01 AM

# **General Trip Information**

Country/Region: STA Applied: Yes CA-Ontario

TAN: Category: 1. Operational Activities

Trip Type Statutory: CDF: 000 1- Regular Travel

Destination: 4900 Young St Toronto Ontario

Departure Address 2720 Britannia Rd E Cargo 3 Mississauga O

RATOC Number:

Travel Plan Reference Number: Objective: **Programs** 

### **Summary of Settlement Expenses** Amount (CAD) 36.28 **Travel Flat Rates** 20.00 Sum of Receipts to be Reimbursed Reimbursement Amount 56.28

# **Cost Assignment**

56.28 CAD of 56.28 CAD assigned to:

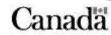
Company Code: CBSA / ASFC 0850 Cost Center: 397150000 Dir. Comm. Ops

Order: Fund:

Functional Area: 10500 Comm.-Trade Facil. & Comp

Date	No.	Expense Type	Amount Tax Jur. (CAD) Code
		Sum Meals & Incid. man. keyed	0.00
		Total Meals and Incidentals	0.00

Kilometer	Allov	vance		
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
14/12/2018	31	0.59	Employer Request, Ontario	18.14



Date: 17/08/2020

Trip Number

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8550116396

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 14/12/2018 00:00 AM Trip End Date: 14/12/2018 00:01 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
4/12/2018	31	31 0.59 Employer Request, Ontario		18.14
				36.28

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
<b>December 14, 2018</b>		Kilometers:	31
Start Location:	2720 Britannia Rd E. Miss Ont	End Location:	4900 Young St. Toronto Ontario
<b>December 14, 2018</b>		Kilometers:	31
Start Location:	4900 Young St Toronto Ont	End Location:	2720 Britannia Rd E. Miss Ontario

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
14/12/2018	001	Parking/ Tolls	20.00	CAON
		Sum of Receipts	20.00	CAON

Addi	tional Receipt Informatio	n	
No.	Receipt	Туре	Content
001	Parking/ Tolls	Additional Text for Receipt	Parking receipt for DG Orientation Program

# Comments

**DG** Orientation Program

# Trip Number

# **Travel Expense Statement**

Trip Number

8550116397

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 17/01/2019 00:00 AM
Trip End Date: 17/01/2019 00:01 AM

# **General Trip Information**

Country/Region: CA-Ontario STA Applied: Yes

Category: 1. Operational Activities TAN:

Trip Type Statutory: 1- Regular Travel CDF: 000

Destination: 55 Town Centre Court, Scarborough, Ont
Departure Address 2720 Britannia Rd E Cargo 3 Mississauga O

**RATOC Number:** 

Travel Plan Reference Number:
Objective: Operations

# Summary of SettlementExpensesAmount (CAD)Travel Flat Rates44.46Sum of Receipts to be Reimbursed5.00Reimbursement Amount49.46

# **Cost Assignment**

49.46 CAD of 49.46 CAD assigned to:

Company Code: 0850 CBSA / ASFC
Cost Center: 397150000 Dir. Comm. Ops

Order: Fund:

Functional Area: 10500

Comm.-Trade Facil. & Comp

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Kilometer	Allov	vance		
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
17/01/2019	39	0.57	Employer Request, Ontario	22.23

Canada

Date: 17/08/2020

Trip Number

2 / 2 Page:

8550116397

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 17/01/2019 00:00 AM Trip End Date: 17/01/2019 00:01 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
17/01/2019	39	0.57	Employer Request, Ontario	22.23
				44.46

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
January 17, 2019		Kilometers:	39
Start Location:	2720 Britannia Rd E. Miss Ont	End Location:	55 Town Centre Court, Scarborough, Ont
January 17, 2019		Kilometers:	39
Start Location:	55 Town Centre Court, Scarborough, Ont	End Location:	2720 Britannia Rd E. Miss Ontario

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
17/01/2019	001	Parking/ Tolls	5.00	CAON
		Sum of Receipts	5.00	CAON

Addi	tional Receipt Informatio	n	
No.	Receipt	Туре	Content
001	Parking/ Tolls	Additional Text for Receipt	RSMT at the CBSA Scarborough Office

# Comments

RSMT @ Scarborough Office

Date: 17/08/2020

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# **Travel Expense Statement**

Trip Number

er 8550116398

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 04/02/2019 00:00 AM
Trip End Date: 04/02/2019 00:01 AM

# **General Trip Information**

Country/Region: CA-Ontario STA Applied: Yes

Category: 1. Operational Activities TAN:

Trip Type Statutory: 1- Regular Travel CDF: 000

Destination: Airway Centre 5935 Airport Rd Miss

Departure Address 2720 Britannia Rd E Cargo 3 Mississauga O

RATOC Number:

Travel Plan Reference Number:
Objective: Operations

# Summary of SettlementExpensesAmount (CAD)Travel Flat Rates11.40Sum of Receipts to be Reimbursed3.00Reimbursement Amount14.40

# **Cost Assignment**

### 14.40 CAD of 14.40 CAD assigned to:

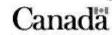
Company Code: 0850 CBSA / ASFC
Cost Center: 397150000 Dir. Comm. Ops

Order: Fund:

Functional Area: 10500 Comm.-Trade Facil. & Comp

Date	No.	Expense Type	Amount Tax Jur. (CAD) Code
		Sum Meals & Incid. man. keyed	0.00
		Total Meals and Incidentals	0.00

Kilometer Allowance					
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)	
04/02/2019	10	0.57	Employer Request, Ontario	5.70	



Date: 17/08/2020

Trip Number

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8550116398

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 04/02/2019 00:00 AM Trip End Date: 04/02/2019 00:01 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
04/02/2019	10	0.57	Employer Request, Ontario	5.70
				11.40

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
February 4, 2019		Kilometers:	10
Start Location:	2720 Britannia Rd E. Miss Ont	End Location:	Airway Centre 5935 Airport Rd Miss
February 4, 2019		Kilometers:	10
Start Location:	Airway Centre 5935 Airport Rd Miss ont	End Location:	2720 Britannia Rd E. Miss Ontario

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
04/02/2019	001	Parking/ Tolls	3.00 CA	CAON
		Sum of Receipts	3.00	CAON

Additional Receipt Information					
No.	Receipt	Type	Content		
001	Parking/ Tolls	Additional Text for Receipt	Parking at the Airway Centre		

# Comments

Meeting at Airport Centre re GTAA

Trip Number

# **Travel Expense Statement**

Trip Number

8550116399

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 21/02/2019 00:00 AM Trip End Date: 21/02/2019 00:01 AM

# **General Trip Information**

Country/Region: STA Applied: Yes CA-Ontario

1. Operational Activities TAN: Category:

Trip Type Statutory: 1- Regular Travel CDF: 000

Destination: Terminal 1 at Pearson

Departure Address 2720 Britannia Rd E Cargo 3 Mississauga O

RATOC Number:

Travel Plan Reference Number: Objective: Operations

### **Summary of Settlement Expenses** Amount (CAD) Travel Flat Rates 11.40 Sum of Receipts to be Reimbursed 33.00 Reimbursement Amount 44.40

# **Cost Assignment**

### 44.40 CAD of 44.40 CAD assigned to:

CBSA / ASFC Company Code: 0850

Cost Center: 397150000 Dir. Comm. Ops

Order: Fund:

Functional Area: 10500 Comm.-Trade Facil. & Comp

Date	Expense Type	Amount (CAD)	Tax Jur. Code
	Sum Meals & Incid. man. keyed	0.00	
	Total Meals and Incidentals	0.00	

Kilometer Allowance					
Date	km Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)		
21/02/2019	10 0.57	Employer Request, Ontario	5.70		

Date:

17/08/2020

Page:

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# **Travel Expense Statement**

Trip Number

Personnel Number:

Trip Number

Traveller's Name: Aiesha Zafar

Trip Start Date: 21/02/2019 00:00 AM Trip End Date: 21/02/2019 00:01 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)	
21/02/2019	10	0.57	Employer Request, Ontario	5.7	0
				11.4	0

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
February 21, 2019		Kilometers:	10
Start Location:	2720 Britannia Rd E. Miss Ont	End Location:	Terminal 1 at Pearson
February 21, 2019		Kilometers:	10
Start Location:	Terminal 1 at Pearson	End Location:	2720 Britannia Rd E. Miss Ontario

Receipt				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
21/02/2019 001		Parking/ Tolls	33.00	CAON
		Sum of Receipts	33.00	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Type	Content
001	Parking/ Tolls	Additional Text for Receipt	Parking Receipt at T1 for interviews

# Comments

Interviews at T1



Canada

Date:

17/08/2020

Page:

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# **Travel Expense Statement**

Trip Number

8550116400

Personnel Number:

Traveller's Name: Aiesha Zafar

22/02/2019

Trip Start Date:

00:00 AM

Trip End Date:

22/02/2019

00:01 AM

**General Trip Information** 

Country/Region:

Trip Type Statutory:

CA-Ontario

STA Applied:

Yes

Category:

1. Operational Activities

TAN: CDF:

000

Destination:

1- Regular Travel Terminal 1 at Pearson

Departure Address

2720 Britannia Rd E Cargo 3 Mississauga O

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

Summary of Settlement	
Expenses	Amount (CAD)
Travel Flat Rates	11.40
Sum of Receipts to be Reimbursed	26.00
Reimbursement Amount	37.40

# **Cost Assignment**

37.40 CAD of 37.40 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397150000

Dir. Comm. Ops

Order:

Fund:

Functional Area:

10500

Comm.-Trade Facil. & Comp

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Kilometer	Allowance		
Date	km Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
22/02/2019	10 0.57	Employer Request, Ontario	5.70

Date:

17/08/2020

Page:

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# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name:

Aiesha Zafar

Trip Start Date:

22/02/2019

00:00 AM

Trip End Date:

Trip Number

22/02/2019

00:01 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
22/02/2019	10	0.57	Employer Request, Ontario	5.70
				11.40

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
February 22, 2019		Kilometers:	10
Start Location:	2720 Britannia Rd E. Miss Ont	End Location:	Terminal 1 at Pearson
February 22, 2019		Kilometers:	10
Start Location:	Terminal 1 at Pearson	End Location:	2720 Britannia Rd E. Miss Ontario

Receipt				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
22/02/201	9 001	Parking/ Tolls	26.00	CAON
		Sum of Receipts	26.00	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Type	Content
001	Parking/ Tolls	Additional Text for Receipt	Parking Receipt for Interviews at T1

# Comments

Interviews at T1



Date:

17/08/2020

Page:

Trip Number

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# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date:

08/03/2019

00:00 AM

Trip End Date:

08/03/2019

00:01 AM

**General Trip Information** 

Country/Region:

**CA-Ontario** 

STA Applied:

Yes

Category:

8550116780

Trip Number

1. Operational Activities

TAN:

000

Trip Type Statutory:

1- Regular Travel

CDF:

Destination:

3389 Steeles Ave E. Toronto

Departure Address

2720 Britannia Rd E Cargo 3 Mississauga O

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

Summary of Settlement	
Expenses	Amount (CAD)
Travel Flat Rates	43.32
Sum of Receipts to be Reimbursed	9.00
Reimbursement Amount	52.32

# **Cost Assignment**

52.32 CAD of 52.32 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397150000

Dir. Comm. Ops

Order:

Fund:

Functional Area:

10500

Comm.-Trade Facil. & Comp

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Kilometer	Allov	vance		
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
08/03/2019	38	0.57	Employer Request, Ontario	21.66

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name: Aiesha Zafar

Trip Start Date: 08/03/2019

00:00 AM Trip End Date: 08/03/2019 00:01 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)	
08/03/2019	38	0.57	Employer Request, Ontario		21.66
					43.32

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometer	s		OT Mileage
March 8, 2019		Kilometers:	38
Start Location:	2720 Britannia Rd E. Miss Ont	End Location:	3389 Steeles Ave E. Toronto
March 8, 2019		Kilometers:	38
Start Location:	3389 Steeles Ave E. Toronto	End Location:	2720 Britannia Rd E. Miss Ontario

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
08/03/2019	001	Parking/ Tolls	9.00	CAON
		Sum of Receipts	9.00	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Type	Content
001	Parking/ Tolls	Additional Text for Receipt	parking receipt

# Comments

Meeting with RCMP to discuss CBSA's Specialized Border Interdiction Unit

Trip Number

# **Travel Expense Statement**

Trip Number

8550079831

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

01/04/2015

07:00 AM

Trip End Date:

23/06/2015

13:30 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

1. Operational Activities

TAN: CDF:

000

Amount (CAD)

Trip Type Statutory:

Destination:

1- Regular Travel various meetings

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

Sum	ımary oı	Settle	ement
Expe	nses		

•	
Per Diems for Meals	16.60
Travel Flat Rates	148.74
Sum of Receipts to be Reimbursed	32.40
Reimbursement Amount	197.74

# **Cost Assignment**

197.74 CAD of 197.74 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188840

AD - Hearings

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

55100

IMMIGRATION HEARINGS

# Meals and Incidentals (Per Diem and Receipts)

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
04/06/2015	003	Lunch	16.60	CAON
		Sum Meals & Incid. man. keyed	16.60	
		Total Meals and Incidentals	16.60	

### **Kilometer Allowance**

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

01/04/2015

07:00 AM

Trip End Date:

23/06/2015

13:30 PM

	Amount (CAD)	Vehicle Type, Vehicle Class	Flat Rate *	km	Date
		Employer Request, Ontario	0.54		12/05/2015
		Employer Request, Ontario	0.54		12/05/2015
		Employer Request, Ontario	0.54		18/05/2015
		Employer Request, Ontario	0.54		18/05/2015
		Employer Request, Ontario	0.54		22/05/2015
9.63	***************************************	Employer Request, Ontario	0.54	18	22/05/2015
		Employer Request, Ontario	0.54		01/04/2015
		Employer Request, Ontario	0.54		01/04/2015
		Employer Request, Ontario	0.54		04/05/2015
6.42		Employer Request, Ontario	0.54	12	04/05/2015
		Employer Request, Ontario	0.54		10/04/2015
6.42		Employer Request, Ontario	0.54	12	10/04/2015
		Employer Request, Ontario	0.54		11/05/2015
6.42		Employer Request, Ontario	0.54	12	11/05/2015
		Employer Request, Ontario	0.54		29/05/2015
6.42		Employer Request, Ontario	0.54	12	29/05/2015
148.74					

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers			OT Mileage
May 12, 2015		Kilometers:	200 A.S.
Start Location:	home	End Location:	74 Victoria Street Toronto
May 12, 2015		Kilometers:	
Start Location:	74 Victoria Street Toonto	End Location:	home
May 18, 2015		Kilometers:	
Start Location:	home	End Location:	Wilson subway station
May 18, 2015		Kilometers:	
Start Location:	Wlison Subway	End Location:	home
May 22, 2015		Kilometers:	
Start Location:	home	End Location:	Wilson subway station
May 22, 2015		Kilometers:	18
Start Location:	Wilson subway station	End Location:	6900 Airport Road
April 1, 2015		Kilometers:	

Trip Number

8550079831

Trip Number

# **Travel Expense Statement**

Personnel Number:

. . .

Traveller's Name: ANNA GUIDA

Trip Start Date: 01/04/2015 07:00 AM Trip End Date: 23/06/2015 13:30 PM

Start Location: home End Location: 1980 Matheson

April 1, 2015 Kilometers:

Start Location: 1980 Matheson End Location: home

May 4, 2015 Kilometers:

Start Location: End Location: home 1980 Matheson

May 4, 2015 Kilometers: 12

6900 Airport Road Start Location: 1980 Matheson End Location:

April 10, 2015 Kilometers:

1980 Matheson-insider Start Location: home End Location:

threat session

April 10, 2015 Kilometers: 12

1980 Matheson Blvd 6900 Airport Road Start Location: End Location:

May 11, 2015 Kilometers:

Start Location: home End Location: 1980 Matheson Blvd

May 11, 2015 Kilometers: 12

6900 Airport Road Start Location: 1980 Matheson Blvd End Location:

May 29, 2015 Kilometers:

Start Location: End Location: 1980 Matheson Blvd home

May 29, 2015 Kilometers:

Start Location: 1980 Matheson Blvd End Location: 6900 Airport Road

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
22/05/2015	001	Parking/ Tolls	3.00	CAON
22/05/2015	002	Public Transit	6.00	CAON
04/06/2015	004	Public Transit	14.40	CAON
18/05/2015	005	Parking/ Tolls	3.00	CAON
18/05/2015	006	Public Transit	6.00	CAON

Date:

14/08/2020

Page:

Trip Number

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# **Travel Expense Statement**

Personnel Number:

Traveller's Name: ANNA GUIDA

Trip Start Date: 01/04/2015 07:00 AM Trip End Date: 23/06/2015 13:30 PM

> 32.40 CAON Sum of Receipts

No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking
		Additional Text for Receipt	at Wilson subway station
002	Public Transit	Description	subway
		Additional Text for Receipt	\$3.00 each way
003	Lunch	Description	lunch
		Additional Text for Receipt	attended the Senior Mgtment team road show in Hamilton.
004	Public Transit	Description	Go train
		Additional Text for Receipt	attended meetings at 74 Victoria St with CIC
05	Parking/ Tolls	Description	parking at subway stattion
		Additional Text for Receipt	machine did not issue a receipt
006	Public Transit	Description	meeting with Chilean consulate and RDG
		Additional Text for Receipt	attend 1 Bloor Street.

8550079831

Date:

14/08/2020

Page:

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# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name: ANNA GUIDA

Trip Start Date: 24/05/2016 12:30 PM Trip End Date: 30/05/2016 18:00 PM

# **General Trip Information**

Country/Region: CA-Ontario STA Applied: Yes

Category:

1. Operational Activities

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

various down town locations

Departure Address

Destination:

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

Summary of Settlement	
Expenses Amount (C.	
Travel Flat Rates	
Sum of Receipts to be Reimbursed	
Reimbursement Amount	65.47

# **Cost Assignment**

### 65.47 CAD of 65.47 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188800

Director EIOD

Order:

Fund: 2001 Operating-Non-Salary

Functional Area:

15100

**INTELLIGENCE** 

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Kilometer	Allow	/ance		
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
24/05/2016	17	0.53	Employer Request, Ontario	9.01

Trip Number

Date:

Page:

14/08/2020

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Trip Number

8550089596

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: ANNA GUIDA

Trip Start Date: 24/05/2016 12:30 PM Trip End Date: 30/05/2016 18:00 PM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
24/05/2016			Employer Request, Ontario	
30/05/2016			Employer Request, Ontario	
30/05/2016			Employer Request, Ontario	
				52.4

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometer	S		OT Mileage
May 24, 2016		Kilometers:	
Start Location:	6900 to Yorkdale subway station	End Location:	175 Bloor St Toronto
May 24, 2016		Kilometers:	
Start Location:	Yorkdale subway station	End Location:	home
May 30, 2016		Kilometers:	
Start Location:	6900 Airport Road	End Location:	600 Fleet Street Toronto
May 30, 2016		Kilometers:	
Start Location:	600 Fleet Street	End Location:	home

Rece	eipts						
Date		No.	Expense Type	Amount (CAD)	Tax Jur. Code		
24/05/	2016	001	Public Transit	3.25	CAON		
24/05/	2016	002	Public Transit			3.25	CAON
30/05/2016 003 Public Transit				3.25	CAON		
30/05/2016 00		004	Public Transit			3.25	CAON
			Sum of Receipts			13.00	CAON
No.	Receipt			Туре	Content		
001	Public Transit		nsit	Description	ttc fare		
002	Publ	ic Tra	nsit	Description	TTC fare		

Date: 14/08/2020

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Page:

Trip Number

8550089596

# **Travel Expense Statement**

Personnel Number:

8550089596

Trip Number

Traveller's Name: ANNA GUIDA

Trip Start Date: 24/05/2016 12:30 PM Trip End Date: 30/05/2016 18:00 PM

# **Additional Receipt Information**

000	Public Transit	Description	TTC fare
	Public Transit	Description	TTC fare

# Comments

Attend meeting at Hungarian Consulate and with Refugee law office. On May 30 parked at daughter's home on Fleet Street to save parking costs.

Trip Number

# **Travel Expense Statement**

Trip Number

8550091345

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

16/09/2016

12:00 PM

Trip End Date:

16/09/2016

17:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

1. Operational Activities

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Destination:

850 Coxwell Ave.

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

# **Summary of Settlement**

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	14.04
Reimbursement Amount	14.04

# **Cost Assignment**

14.04 CAD of 14.04 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188800

Director EIOD

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

54100

**DETENTIONS** 

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Date:

Trip Number

14/08/2020

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# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

8550091345

ANNA GUIDA

Trip Start Date:

16/09/2016

12:00 PM

Trip End Date:

16/09/2016

17:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
16/09/2016	001	Parking/ Tolls	14.04	CAON
		Sum of Receipts	14.04	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	parking
		Additional Text for Receipt	travelled via crown vehicle

# Comments

Travel to meet with ACLC (African Canadian Legal Committee)

Trip Number

# **Travel Expense Statement**

Trip Number

8550121311

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

10/06/2019

08:30 AM

Trip End Date:

11/07/2019

17:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

Destination:

1. Operational Activities

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

various

Departure Address

6900 Airport Road

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

**Summary of Settlement** 

Expenses Amount (CAD)

Sum of Receipts to be Reimbursed 34.80

Reimbursement Amount 34.80

**Cost Assignment** 

34.80 CAD of 34.80 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188840

AD - Hearings

Order:

Fund:

Functional Area:

20300

Hearings

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

# Services Agency

**Travel Expense Statement** 

Trip Number

8550121311

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

10/06/2019

08:30 AM

Trip End Date:

11/07/2019

17:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
10/06/2019	001	Public Transit	17.40	CAON
11/07/2019	002	Public Transit	17.40	CAON
		Sum of Receipts	34.80	CAON

No.	Receipt	Туре	Content
001	Public Transit	Description	1 Front Street
		Additional Text for Receipt	SLE assessment
002	Public Transit	Description	74 Victortia St
		Additional Text for Receipt	RSMT

# Comments

attended SLE at 1 Front St on June 10 and RSMT at 74 Victoria St on July 11

Trip Number

# **Travel Expense Statement**

Trip Number

8550122319

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

21/08/2019

07:30 AM

Trip End Date:

21/08/2019

17:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

1. Operational Activities

TAN:

Trip Type Statutory:

1- Regular Travel

CDF:

000

Destination: Departure Address

74 Victoria St 6900 Airport Road

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

Summary of Settlement	
Expenses	Amount (CAD)
Per Diems for Meals	20.10
Sum of Receipts to be Reimbursed	23.90
Reimbursement Amount	44.00

# **Cost Assignment**

44.00 CAD of 44.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188800

Dir. Int. & Enf. GTA

Order:

Fund:

Functional Area:

20100

Immigration Investi.

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
21/08/2019	003	Lunch	20.10	CAON
		Sum Meals & Incid. man. keyed	20.10	
		Total Meals and Incidentals	20.10	

Trip Number

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

21/08/2019

07:30 AM

Trip End Date:

21/08/2019

17:00 PM

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
21/08/2019	001	Public Transit	17.40	CAON
21/08/2019	002	Public Transit	3.25	CAON
21/08/2019	004	Public Transit	3.25	CAON
		Sum of Receipts	23.90	CAON

No.	Receipt	Туре	Content
001	Public Transit	Description	Go train
002	Public Transit	Description	ttc fare
004	Public Transit	Description	ttc fare

# Comments

attend 74 Victoria St for meetings

Trip Number

# **Travel Expense Statement**

Trip Number

8550124426

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

01/10/2019

08:30 AM

Trip End Date:

17/10/2019

13:00 PM

# **General Trip Information**

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

Destination:

1. Operational Activities

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

various

Departure Address

6900 Airport Road

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

# **Summary of Settlement**

Expenses	Amount (CAD)
Travel Flat Rates	24.51
Sum of Receipts to be Reimbursed	23.00
Reimbursement Amount	47.51

# **Cost Assignment**

47.51 CAD of 47.51 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188800

Dir. Int. & Enf. GTA

Order:

Fund:

Functional Area:

20100

Immigration Investi.

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

			A			

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
10/10/2019			Employer Request, Ontario	

Trip Number

Date:

14/08/2020

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# **Travel Expense Statement**

Trip Number

8550124426

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

01/10/2019

08:30 AM

Trip End Date:

17/10/2019

Date

13:00 PM

km Flat Rate \* Vehicle Type, Vehicle Class Amount (CAD) 10/10/2019

Employer Request, Ontario

24.51

<sup>\*</sup> flat rates are rounded-up 2 decimal places

<b>Daily Kilometers</b>			OT Mileage
October 10, 2019		Kilometers:	22
Start Location:	1980 Matheson Blvd E	End Location:	Yorkdale Shopping Centre
October 10, 2019		Kilometers:	
Start Location:	Yorkdale Shopping Centre	End Location:	Home

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
01/10/2019	001	Parking/ Tolls	9.00	CAON
10/10/2019	002	Public Transit	3.25	CAON
10/10/2019	003	Public Transit	3.25	CAON
17/10/2019	004	Parking/ Tolls	7.50	CAON
		Sum of Receipts	23.00	CAON

No.	Receipt	Type	Content
001	Parking/ Tolls	Description	Parking
		Additional Text for Receipt	Attended PATS JMT at 3389 Steeles Ave E
002	Public Transit	Description	TTC fare
		Additional Text for Receipt	Attend AMBR meeting at 35 John St Toronto for meeting regarding new office at 25 St. Clair E.
003	Public Transit	Description	TTC fare
004	Parking/ Tolls	Description	Parking
		Additional Text for Receipt	Attend CFSEU JMT at 3389 Steeles Ave E.

14/08/2020 Date:

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8550124426 Trip Number

# **Travel Expense Statement**

Personnel Number:

8550124426

Trip Number

Traveller's Name: ANNA GUIDA

Trip Start Date: 01/10/2019 08:30 AM Trip End Date: 17/10/2019 13:00 PM

# Comments

Attend various meetings

Trip Number

# **Travel Expense Statement**

Trip Number

8550127147

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

13/11/2019

07:20 AM

Trip End Date:

28/12/2019

16:30 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

Destination:

1. Operational Activities

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel 74 Victoria St

Departure Address

6900 Airport Road

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

# **Summary of Settlement**

Expenses	Amount (CAD)
Per Diems for Meals	20.60
Sum of Receipts to be Reimbursed	40.80
Reimbursement Amount	61.40

# **Cost Assignment**

### 61.40 CAD of 61.40 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188800

Dir. Int. & Enf. GTA

Order:

Fund:

Functional Area:

20100

Immigration Investi.

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
26/11/2019	003	Lunch	20.60	CAON
		Sum Meals & Incid. man. keyed	20.60	
		Total Meals and Incidentals	20.60	

Trip Number

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8550127147

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

13/11/2019

07:20 AM

Trip End Date:

28/12/2019

16:30 PM

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
13/11/2019	001	Parking/ Tolls	6.00	CAON
26/11/2019	002	Public Transit	17.40	CAON
29/11/2019	004	Public Transit	17.40	CAON
		Sum of Receipts	40.80	CAON

Addi	tional Receipt Informati	on	
No.	Receipt	Type	Content
002	Public Transit	Description	Go train fare

# Comments

Attend meetings at 74 Victoria St

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

31/01/2020

00:00 AM

Trip End Date:

13/02/2020

00:00 AM

# **General Trip Information**

Country/Region:

**CA-Ontario** 

STA Applied:

Yes

Category:

1. Operational Activities

TAN:

000

Trip Type Statutory:

1- Regular Travel

CDF:

Destination: Departure Address

various various

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

Summary of Settlement		
Expenses	Amount (CAD)	
Per Diems for Meals	20.60	
Travel Flat Rates	22.60	
Sum of Receipts to be Reimbursed	23.90	
Reimbursement Amount	67.10	

# **Cost Assignment**

# 67.10 CAD of 67.10 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188800

Dir. Int. & Enf. GTA

Order:

Fund:

Functional Area:

20100

Immigration Investi.

# Meals and Incidentals (Per Diem and Receipts)

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
13/02/2020	004	Lunch	20.60	CAON
		Sum Meals & Incid. man. keyed	20.60	
		Total Meals and Incidentals	20.60	

### Kilometer Allowance

Date:

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# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name:

8550129557

Trip Number

ANNA GUIDA

Trip Start Date:

31/01/2020

00:00 AM

Trip End Date:

13/02/2020

00:00 AM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)	
31/01/2020			Employer Request, Ontario		
31/01/2020			Employer Request, Ontario		
				22.	60

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometers	<b>5</b>		OT Mileage
January 31, 2020		Kilometers:	
Start Location:	Home	End Location:	Yorkdale subway station
January 31, 2020		Kilometers:	
Start Location:	Yorkdale subway station	End Location:	Home

Receipts			Amount Tax J		
Date	No.	Expense Type	(CAD)	Code	
31/01/2020	001	Public Transit	3.25	CAON	
31/01/2020	002	Public Transit	3.25	CAON	
13/02/2020	003	Public Transit	17.40	CAON	
		Sum of Receipts	23.90	CAON	

No. Receipt Type Content			Content
NO.	Receipt	Туре	Content
001	Public Transit	Description	TTC fare
002	Public Transit	Description	TTC fare
)03	Public Transit	Description	Go Train

# Comments

Attend meetings at 74 Victoria St

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name: ANNA GUIDA

Trip Start Date: 18/02/2020 12:30 PM
Trip End Date: 18/02/2020 16:30 PM

#### **General Trip Information**

Country/Region: CA-Ontario

STA Applied: Yes

TAN:

Category:

Destination:

1. Operational Activities

CDF:

000

Trip Type Statutory:

Islington and Bloor subway station

Departure Address

6900 Airport Road

1- Regular Travel

RATOC Number:

Travel Plan Reference Number:

Objective:

Operations

Summary of Settlement	
Expenses	Amount (CAD)
Travel Flat Rates	17.52
Sum of Receipts to be Reimbursed	30.50
Reimbursement Amount	48.02

#### **Cost Assignment**

48.02 CAD of 48.02 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397188800

Dir. Int. & Enf. GTA

Order:

Fund:

Functional Area:

20100

Immigration Investi.

Date	te No. Expense Type	Expense Type	Amount Tax J (CAD) Cod		
		Sum Meals & Incid. man. keyed	0.00		
		Total Meals and Incidentals	0.00		

Kilometei	Allo	wance		
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
18/02/2020			Employer Request, Ontario	

Date:

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Page:

Trip Number

8550130246

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

ANNA GUIDA

Trip Start Date:

18/02/2020

12:30 PM

Trip End Date:

Trip Number

18/02/2020

16:30 PM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)	
18/02/2020			Employer Request, Ontario		
					17.52

<sup>\*</sup> flat rates are rounded-up 2 decimal places

<b>Daily Kilometers</b>			OT Mileage
February 18, 2020		Kilometers:	
Start Location:	6900 Airport Road, Mississauga	End Location:	Islington and Bloor subway station
February 18, 2020		Kilometers:	· ·
Start Location:	Islington and Bloor subway station	End Location:	home

Receipts			
Date	No.	Expense Type	Amount Tax Jur. (CAD) Code
18/02/2020	001	Public Transit	3.25 CAON
18/02/2020	002	Public Transit	3.25 CAON
18/02/2020	003	Parking/ Tolls	24.00 CAON
		Sum of Receipts	30.50 CAON

Additional Receipt Information				
No.	Receipt	Type	Content	
001	Public Transit	Description	TTC fare	
002	Public Transit	Description	ttc fare	
003	Parking/ Tolls	Description	parking	

#### Comments

Meet Chilean Consul General regarding SATG cases

# Services Agency

**Travel Expense Statement** 

Trip Number

8550064264

Personnel Number:

Traveller's Name: Assia HUSSAIN

Trip Start Date: 11/06/2013 07:00 AM Trip End Date: 11/06/2013 19:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

No

Category:

6. Prior to April 1, 2014/ SAP

TAN: CDF:

000

Trip Type Statutory:

Destination: **HAMILTON** 

Departure Address RATOC Number:

Travel Plan Reference Number:

Objective:

Visit to Hamilton District

**Summary of Settlement Expenses** Amount (CAD) Travel Flat Rates 59.40 Reimbursement Amount 59.40

**Cost Assignment** 

59.40 CAD of 59.40 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397115000

Chief Hamilton Dist.

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

80101

MANAGEMENT & OVERSIGHT PR

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Kilometer Allowance				
Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)
11/06/2013	108	0.55	Employer Request, Ontario	59.40
				59.40

Date: 18/08/2020

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Trip Number

8550064264

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Assia HUSSAIN

Trip Start Date: 11/06/2013 07:00 AM Trip End Date: 11/06/2013 19:00 PM

<sup>\*</sup> flat rates are rounded-up 2 decimal places

## **Travel Expense Statement**

Trip Number

8550109813

Personnel Number:

Traveller's Name: Assia HUSSAIN

Trip Start Date: 18/07/2018 13:00 PM Trip End Date: 18/07/2018 16:00 PM

#### **General Trip Information**

STA Applied: Yes Country/Region: CA-Ontario

Category: 1. Operational Activities TAN:

CDF: 000 Trip Type Statutory: 1- Regular Travel

Destination: 3389 Steeles Ave. E Toronto, ON

Departure Address 1980 Matheson Blvd E, Mississauga ON

RATOC Number:

Travel Plan Reference Number:

Objective: Operations

#### **Summary of Settlement Expenses** Amount (CAD) Per Diems for Meals 19.20 Travel Flat Rates 66.12 Sum of Receipts to be Reimbursed 60.16 Reimbursement Amount 145.48

#### **Cost Assignment**

#### 145.48 CAD of 145.48 CAD assigned to:

Company Code: 0850 CBSA / ASFC

Cost Center: 397188822 AD-Immig.Investig.

Order:

Fund:

Functional Area: 20100 Immigration Investi.

#### Meals and Incidentals (Per Diem and Receipts)

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
18/07/2018	003	Lunch	19.20	CAON
		Sum Meals & Incid. man. keyed	19.20	
		Total Meals and Incidentals	19.20	

#### Kilometer Allowance

Trip Number

# Travel Expense Statement

Trip Number

Personnel Number:

Traveller's Name: Assia HUSSAIN

Trip Start Date: 18/07/2018 13:00 PM
Trip End Date: 18/07/2018 16:00 PM

Date	km	Flat Rate *	Vehicle Type, Vehicle Class	Amount (CAD)	
18/07/2018			Employer Request, Ontario		
18/07/2018			Employer Request, Ontario		
					36.12

<sup>\*</sup> flat rates are rounded-up 2 decimal places

Daily Kilometer	'S		OT Mileage
July 18, 2018		Kilometers:	45
Start Location:	1980 Matheson Blvd, Mississauga	End Location:	3389 Steeles Ave E Toronto
July 18, 2018	ŭ	Kilometers:	^^
Start Location:	3389 Steeles Ave. E Toronto	End Location:	

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
18/07/2018	001	Parking/ Tolls	51.16	CAON
18/07/2018	002	Parking/ Tolls	9.00	CAON
		Sum of Receipts	60.16	CAON

No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	407 Toll
		Additional Text for Receipt	Travel on 407 to save time and attend a conference call hands free as the acting Director
02	Parking/ Tolls	Description	Parking
		Additional Text for Receipt	Parking for RCMP Meeting
003	Lunch	Description	In Canada Lunch
		Additional Text for Receipt	NJC Travel Directive

#### Comments

Attend Meeting with RCMP as acting Director

Trip Number

### **Travel Expense Statement**

Trip Number

8550132671

Personnel Number:

Traveller's Name: Danny A RINALDI

Trip Start Date: 13/02/2020

08:00 AM 15:00 PM

Trip End Date: 13/02/2020

**General Trip Information** 

Country/Region: CA-Ontario STA Applied: Yes

Category: 1. Operational Activities TAN:

Trip Type Statutory: 1- Regular Travel CDF: 000

Destination: EIOD-University Avenue
Departure Address Gateway Postal Facility

RATOC Number:

Travel Plan Reference Number:
Objective: Operations

Summary of SettlementExpensesAmount (CAD)Per Diems for Meals20.60Sum of Receipts to be Reimbursed37.50Reimbursement Amount58.10

**Cost Assignment** 

58.10 CAD of 58.10 CAD assigned to:

Company Code: 0850 CBSA / ASFC

Cost Center: 397110000 Dir. Out. & Postal

Order: Fund:

Functional Area: 10500 Comm.-Trade Facil. & Comp

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
13/02/2020	002	Lunch	20.60	CAON
		Sum Meals & Incid. man. keyed	20.60	
		Total Meals and Incidentals	20.60	

2 / 2

8550132671

# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Danny A RINALDI

Trip Start Date: 13/02/2020 08:00 AM Trip End Date: 13/02/2020 15:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
3/02/2020	001	Parking/ Tolls	37.50	CAON
		Sum of Receipts	37.50	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Type	Content
001	Parking/ Tolls	Description	Parking - Toronto
		Additional Text for Receipt	Required additional time as meeting went long. Initial amount was \$30.00 added additional time \$7.50 to cover parking until meeting ended

#### Comments

RSMT Meeting - Toronto

No

# Services Agency

**Travel Expense Statement** 

Trip Number

8550068938

Personnel Number:

Traveller's Name: David GLOS

Trip Start Date: 19/11/2013 07:00 AM Trip End Date: 19/11/2013 19:00 PM

#### **General Trip Information**

Country/Region: STA Applied: **CA-Ontario** 

TAN: Category: 6. Prior to April 1, 2014/ SAP

CDF: 000 Trip Type Statutory:

Destination: Ottawa

Departure Address RATOC Number:

Travel Plan Reference Number: Objective: Meeting

#### **Summary of Settlement Expenses** Amount (CAD) Per Diems for Meals 57.10 Sum of Receipts to be Reimbursed 105.50 Sum of Receipts Paid by Company 516.87 Total Cost of Trip 679.47 Less: Sum of Receipts Paid by Company (516.87)Reimbursement Amount 162.60

#### **Cost Assignment**

#### 679.47 CAD of 679.47 CAD assigned to:

Company Code: 0850 CBSA / ASFC Cost Center: 397160000 Dir. Trade Ops

Order:

Fund: 2001 Operating-Non-Salary

Functional Area: 80101 MANAGEMENT & OVERSIGHT PR

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
19/11/2013	003	Lunch	15.10	CAON
19/11/2013	004	Dinner	42.00	CAON
		Sum Meals & Incid. man. keyed	57.10	

Trip Number

# **Travel Expense Statement**

Trip Number

8550068938

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

19/11/2013

07:00 AM

Trip End Date:

19/11/2013

19:00 PM

Total Meals and Incidentals

57.10

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
19/11/2013	005	Taxi	102.00	CAON
19/11/2013	006	Transportation	3.50	CAON
		Sum of Receipts	105.50	CAON
19/11/2013	001	Airfare paid by CBSA	491.83	CAON
19/11/2013	002	X – Do not use	25.04	CAON
		Total Paid by Company	516.87	CAON

Addi	tional Receipt Information		
No.	Receipt	Type	Content
001	Airfare paid by CBSA	Description	MEETING
		Provider Category	Airline
		Provider Code	Air Canada
005	Taxi	Description	MEETING
		Location	TAXI - BOTH WAYS HOME- AIRPORT BUS FARE TO 191 LAUR

# **Travel Expense Statement**

Trip Number

8550078907

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

08/05/2015

12:00 PM

Trip End Date:

08/05/2015

16:00 PM

**General Trip Information** 

Country/Region:

**CA-Ontario** 

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Trip Type Statutory:

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Sum	mary	of S	ettle	eme	nt

Amount (CAD) **Expenses** Sum of Receipts to be Reimbursed 10.00

Reimbursement Amount 10.00

**Cost Assignment** 

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

# Services Agency

**Travel Expense Statement** 

Trip Number

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

08/05/2015

12:00 PM

Trip End Date:

08/05/2015

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jui Code
08/05/2015	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Type	Content
001	Parking/ Tolls	Additional Text for Receipt	Parking fee

#### Comments

Meeting with Hamilton Manager

# **Travel Expense Statement**

Trip Number

8550079223

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

28/05/2015

07:45 AM

Trip End Date:

28/05/2015

20:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Trip Type Statutory:

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

Amount (CAD) **Expenses** 

Sum of Receipts to be Reimbursed 23.00

Reimbursement Amount 23.00

**Cost Assignment** 

23.00 CAD of 23.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Canada

Date: 14/08/2020

Trip Number

2/2 Page:

8550079223

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

28/05/2015

07:45 AM

Trip End Date:

28/05/2015

20:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
28/05/2015	001	Parking/ Tolls	8.00	CAON
28/05/2015	002	Parking/ Tolls	15.00	CAON
		Sum of Receipts	23.00	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Type	Content
001	Parking/ Tolls	Description	Parking receipt
002	Parking/ Tolls	Description	parking receipt

#### Comments

Hamilton, visit w/Manager and Director of Programs; London, visit w/Manager, delivery of RDG Awards letters and retirement of Manager.

# **Travel Expense Statement**

Trip Number

8550079554

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

04/06/2015

08:00 AM

Trip End Date:

04/06/2015

16:00 PM

**General Trip Information** 

Country/Region:

**CA-Ontario** 

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Su	mma	rv of	Settl	ement
		- ,		

Amount (CAD) **Expenses** Sum of Receipts to be Reimbursed 8.00 Reimbursement Amount 8.00

**Cost Assignment** 

8.00 CAD of 8.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Services Agency

**Travel Expense Statement** 

Trip Number

8550079554

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

04/06/2015

08:00 AM

Trip End Date:

04/06/2015

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
04/06/2015	001	Parking/ Tolls	8.00	CAON
		Sum of Receipts	8.00	CAON

Additional Receipt Information					
No.	Receipt	Type	Content		
001	Parking/ Tolls	Description	Parking receipt		

#### Comments

**RSMT Town Hall** 

Trip Number

# **Travel Expense Statement**

Trip Number

8550079555

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

12/06/2015

11:00 AM

Trip End Date:

12/06/2015

17:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Trip Type Statutory:

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summa	rv of	Settle	ement

Amount (CAD) **Expenses** 

Sum of Receipts to be Reimbursed 10.00

Reimbursement Amount

10.00

**Cost Assignment** 

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
	Total Meals and Incidentals		0.00	

Trip Number

2 / 2

8550079555

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

12/06/2015

11:00 AM

Trip End Date:

12/06/2015

17:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
12/06/2015	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

Additional Receipt Information					
No.	Receipt	Type	Content		
001	Parking/ Tolls	Description	Parking receipt		

#### Comments

Meeting with new staff and Hamilton managers

# **Travel Expense Statement**

Trip Number

8550079635

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

17/06/2015

08:00 AM

Trip End Date:

17/06/2015

14:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

Destination:

1- Regular Travel

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

0	F O -	441
Silmmai	rv ot se	ment
Ounnia	y Or Ot	ettlement

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	4.00
Reimbursement Amount	4.00

#### **Cost Assignment**

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

# Services Agency

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

17/06/2015

08:00 AM

Trip End Date:

17/06/2015

14:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
17/06/2015	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking

#### Comments

NPSW meeting w/employees

Trip Number

# **Travel Expense Statement**

Trip Number

8550080874

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

31/07/2015

07:30 AM

Trip End Date:

31/07/2015

16:00 PM

**General Trip Information** 

Country/Region:

**CA-Ontario** 

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Destination: Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summary of	

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	4.00
Reimbursement Amount	4.00

#### **Cost Assignment**

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

31/07/2015

07:30 AM

Trip End Date:

31/07/2015

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
31/07/2015	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Additional Receipt Information					
No.	Receipt	Туре	Content		
001	Parking/ Tolls	Description	parking receipt		

#### Comments

Meeting w/Scarborough staff

# **Travel Expense Statement**

Trip Number

8550080875

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

14/08/2015

08:00 AM

Trip End Date:

14/08/2015

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Amount (CAD)

Category:

Destination:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summary of Settlement
Expenses
Sum of Receipts to be Reimbursed

4.00 Reimbursement Amount 4.00

**Cost Assignment** 

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund: 2001 Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
	Total Meals and Incidentals		0.00	

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

8550080875

David GLOS

Trip Start Date:

14/08/2015

08:00 AM

Trip End Date:

14/08/2015

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
14/08/2015	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Additional Receipt Information						
No.	Receipt	Type	Content			
001	Parking/ Tolls	Description	Parking receipt			

#### Comments

Meeting w/Scarborough employee; review of B2 process.

# **Travel Expense Statement**

Trip Number

8550082359

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

06/11/2015

12:00 PM

Trip End Date:

06/11/2015

22:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Trip Type Statutory:

Destination:

Windsor

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

Expenses

Amount (CAD)

Sum of Receipts to be Reimbursed

53.87

Reimbursement Amount

53.87

**Cost Assignment** 

53.87 CAD of 53.87 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Date:

14/08/2020

Page:

Trip Number

2/2

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

8550082359

David GLOS

Trip Start Date:

06/11/2015

12:00 PM

Trip End Date:

06/11/2015

22:00 PM

Receipts			A	Tour Live
Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
06/11/2015	001	Gasoline	53.87	CAON
		Sum of Receipts	53.87	CAON

Additional Receipt Information					
No.	Receipt	Type	Content		
001	Gasoline	Description	Gas receipt		
		Additional Text for Receipt	Gasoline card in fleet car was rejected for payment, used personal credit card to pay for gasoline.		

Trip Number

# **Travel Expense Statement**

Trip Number

8550083010

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

01/12/2015

08:00 AM

Trip End Date:

01/12/2015

14:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Trip Type Statutory:

la a .... : 14 a ...

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summary of Settlement					
Expenses	Amount (CAD)				
Sum of Receipts to be Reimbursed	10.00				
Reimhursement Amount	10.00				

#### **Cost Assignment**

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

2 / 2

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

8550083010

01/12/2015

Trip End Date:

01/12/2015

08:00 AM

14:00 PM

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
01/12/2015	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

Additional Receipt Information						
No.	Receipt	Туре	Content			
001	Parking/ Tolls	Description	parking receipt			

#### Comments

Town hall and team meetings with employees

# **Travel Expense Statement**

Trip Number

8550083353

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

10/12/2015

08:00 AM

Trip End Date:

10/12/2015

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN:

000

Trip Type Statutory:

1- Regular Travel

CDF:

000

Destination:

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summary of	f Settle	ment
Summary O	i Settie	mem

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	4.00
Reimbursement Amount	4.00

#### **Cost Assignment**

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

2 / 2

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

10/12/2015

08:00 AM

Trip End Date:

10/12/2015

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
0/12/2015	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Addi	tional Receipt Information	on .	
No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking at Scarborough office

#### Comments

Meeting with employee and staff

Trip Number

Traveller's Name:

David GLOS

Trip Start Date:

16/12/2015

08:00 AM

Trip End Date:

16/12/2015

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Trip Type Statutory:

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

Expenses Amount (CAD)

Sum of Receipts to be Reimbursed 10.00

Reimbursement Amount 10.00

**Cost Assignment** 

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

16/12/2015

08:00 AM

Trip End Date:

16/12/2015

16:00 PM

Receipts Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
16/12/2015	001	Parking/ Tolls		CAON
		Sum of Receipts	10.00	CAON

tional Receipt Information	on	
Receipt	Type	Content
Parking/ Tolls	Description	Parking receipt
	Additional Text for Receipt	Parking at Hamilton office
	Receipt	Parking/ Tolls  Description Additional Text for

#### Comments

Meeting w/staff

8550083450

Trip Number

Traveller's Name:

David GLOS

Trip Start Date:

18/12/2015

08:00 AM

Trip End Date:

18/12/2015

16:00 PM

**General Trip Information** 

Country/Region:

**CA-Ontario** 

STA Applied:

Trip Number

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Destination:

hamilton

Departure Address

Trip Type Statutory:

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summa		

Amount (CAD) **Expenses** 

Sum of Receipts to be Reimbursed 10.00 10.00

Reimbursement Amount

**Cost Assignment** 

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

2 / 2

8550083450

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

18/12/2015

08:00 AM

Trip End Date:

18/12/2015

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
8/12/2015	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

Addi	tional Receipt Information	on	
No.	Receipt	Type	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking at Hamilton office

#### Comments

Meeting with employee

# **Travel Expense Statement**

Trip Number

8550084825

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

21/01/2016

08:00 AM

Trip End Date:

21/01/2016

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Trip Type Statutory:

. ...

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summary of Settlement	
Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	10.00
Reimhursement Amount	10.00

#### **Cost Assignment**

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

2 / 2

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

21/01/2016

08:00 AM

Trip End Date:

21/01/2016

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
21/01/2016	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking in Hamilton

#### Comments

Meeting with CBP in Hamilton, re: Trusted Trader Program

# **Travel Expense Statement**

Trip Number

8550084826

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

22/01/2016

08:00 AM

Trip End Date:

22/01/2016

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

Destination:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

nary of	

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	4.00
Reimbursement Amount	4.00

#### **Cost Assignment**

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

22/01/2016

08:00 AM

Trip End Date:

22/01/2016

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
22/01/2016	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Additional Receipt Information				
No.	Receipt	Type	Content	
001	Parking/ Tolls	Description	Parking receipt	
		Additional Text for Receipt	Parking in Scarborough	

#### Comments

Meeting with employees in Scarborough

**Travel Expense Statement** 

Trip Number

8550084960

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

27/01/2016

08:00 AM

Trip End Date:

27/01/2016

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN:

000

Trip Type Statutory:

1- Regular Travel

CDF:

Destination:

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summa	ry of S	ettlement

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	4.00
Reimbursement Amount	4.00

#### **Cost Assignment**

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Date: 14/08/2020

Page: 2 / 2

Trip Number

8550084960

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

8550084960

David GLOS

Trip Start Date:

27/01/2016

08:00 AM

Trip End Date:

27/01/2016

16:00 PM

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
27/01/2016	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Addit	tional Receipt Information	on	
No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking at Scarborough office

#### Comments

Meeting with Scarborough staff

### **Travel Expense Statement**

Trip Number

8550085346

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

03/02/2016

08:00 AM

Trip End Date:

03/02/2016

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN:

000

Trip Type Statutory:

1- Regular Travel Scarborough

CDF:

Destination:

Departure Address RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

**Expenses** 

Amount (CAD)

Sum of Receipts to be Reimbursed

4.00

Reimbursement Amount

4.00

**Cost Assignment** 

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

Date:

Personnel Number:

Traveller's Name:

8550085346

David GLOS

Trip Start Date:

03/02/2016

08:00 AM

Trip End Date:

03/02/2016

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
03/02/2016	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking in Scarborough

#### Comments

Meeting with staff

# **Travel Expense Statement**

Trip Number

8550087018

Personnel Number:

Traveller's Name:

8550087018

Trip Number

David GLOS

Trip Start Date:

07/03/2016

08:00 AM

Trip End Date:

07/03/2016

12:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

1- Regular Travel

TAN: CDF:

000

Destination:

hamilton

Departure Address

Trip Type Statutory:

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summa	rv of Se	ettlement	
	,		

Amount (CAD) **Expenses** Sum of Receipts to be Reimbursed 10.00

Reimbursement Amount 10.00

**Cost Assignment** 

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund: 2001 Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

# 8550087018

# ber 85

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

07/03/2016

08:00 AM

Trip End Date:

07/03/2016

12:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
07/03/2016	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

Additional Receipt Information			
No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking at Hamilton office

#### Comments

Meeting with Trusted Trader Team in Hamilton

### **Travel Expense Statement**

Trip Number

8550087019

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

04/03/2016

12:00 PM

Trip End Date:

04/03/2016

17:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

\_\_\_

Trip Type Statutory:

1- Regular Travel Scarborough

000

Destination:
Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

Expenses Amount (CAD)

Sum of Receipts to be Reimbursed 4.00

Reimbursement Amount 4.00

**Cost Assignment** 

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

2 / 2

Trip Number

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

04/03/2016

12:00 PM

Trip End Date:

04/03/2016

17:00 PM

Date	No.	Expense Type	Amount	Tax Jur Code
			(CAD)	Code
	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Additional Receipt Information			
No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking at Scarborough office

#### Comments

2nd level grievance, Scarborough

Trip Number

# **Travel Expense Statement**

Trip Number

8550087182

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

11/03/2016

08:00 AM

Trip End Date:

11/03/2016

16:00 PM

**General Trip Information** 

Country/Region:

**CA-Ontario** 

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Summ	ary of	Sott	ome	nt
Juillin	ary Or	Octi	CIIIC	7116

Amount (CAD) **Expenses** Sum of Receipts to be Reimbursed

10.00

Reimbursement Amount

10.00

#### **Cost Assignment**

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

2 / 2

8550087182

**Travel Expense Statement** 

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

11/03/2016

08:00 AM

Trip End Date:

11/03/2016

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
1/03/2016	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking at Hamilton office

#### Comments

Meeting with Trusted Trader employees and Asst Directors

# **Travel Expense Statement**

Trip Number

8550088603

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

28/04/2016

09:00 AM

Trip End Date:

28/04/2016

14:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Destination:

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

Amount (CAD) **Expenses** 

Sum of Receipts to be Reimbursed 4.00

Reimbursement Amount 4.00

**Cost Assignment** 

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

2 / 2

8550088603

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

28/04/2016

09:00 AM

Trip End Date:

28/04/2016

14:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
28/04/2016	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Addit	tional Receipt Information	on	
No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	Parking receipt
		Additional Text for Receipt	Parking at Scarborough office

#### Comments

Meeting w/staff

Date:

14/08/2020

Page:

1 / 2

# **Travel Expense Statement**

Trip Number

8550089402

Personnel Number:

Traveller's Name:

8550089402

Trip Number

David GLOS

Trip Start Date:

26/05/2016

08:00 AM

Trip End Date:

26/05/2016

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Destination:

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

Sı	ımı	na	ry (	of :	Set	tle	me	nt

Amount (CAD) **Expenses** Sum of Receipts to be Reimbursed 10.00

Reimbursement Amount 10.00

**Cost Assignment** 

10.00 CAD of 10.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

8550089402

# 8550089402

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

26/05/2016

08:00 AM

Trip End Date:

26/05/2016

16:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
26/05/2016	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

Addi	Additional Receipt Information				
No.	Receipt	Type	Content		
001	Parking/ Tolls	Description	Parking receipt		
		Additional Text for Receipt	Parking at Hamilton office		

#### Comments

Meeting with employees and Trusted Trader Manager.

Trip Number

# **Travel Expense Statement**

Trip Number

8550089761

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

15/06/2016

08:00 AM

Trip End Date:

15/06/2016

14:30 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

Destination:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

#### **Summary of Settlement**

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	4.00
Reimbursement Amount	4.00

#### **Cost Assignment**

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Canada

14/08/2020 Date:

Trip Number

2 / 2 Page:

8550089761

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

15/06/2016

08:00 AM

Trip End Date:

15/06/2016

14:30 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
15/06/2016	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Additional Receipt Information				
No.	Receipt	Type	Content	
001	Parking/ Tolls	Description	Parking receipt	
		Additional Text for Receipt	Parking at Scarborough office	

#### Comments

Meeting with employees and management in Scarborough

# **Travel Expense Statement**

Trip Number

8550089931

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

22/06/2016

13:00 PM

Trip End Date:

22/06/2016

17:30 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

Destination:

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

Expenses Amount (CAD)

Sum of Receipts to be Reimbursed 4.00

Reimbursement Amount 4.00

**Cost Assignment** 

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

2 / 2

**Travel Expense Statement** 

8550089931

Personnel Number: Traveller's Name:

David GLOS

Trip Start Date:

22/06/2016

13:00 PM

Trip End Date:

22/06/2016

17:30 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
22/06/2016	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Additional Receipt Information					
No.	Receipt	Туре	Content		
001	Parking/ Tolls	Description	Parking receipt		
		Additional Text for Receipt	Parking at Scarborough office		

#### Comments

Meeting with Scarborough staff

# **Travel Expense Statement**

Trip Number

8550090100

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

13/07/2016

08:00 AM

Trip End Date:

13/07/2016

14:00 PM

**General Trip Information** 

Country/Region:

**CA-Ontario** 

STA Applied:

Yes

Category:

3. Internal governance

TAN:

Trip Type Statutory:

1- Regular Travel

CDF:

000

Destination:

Scarborough

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

0	F O -	441
Silmmai	rv ot se	ment
Ounnia	y Or Ot	ettlement

Expenses	Amount (CAD)
Sum of Receipts to be Reimbursed	4.00
Reimbursement Amount	4.00

#### **Cost Assignment**

4.00 CAD of 4.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

# **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

13/07/2016

08:00 AM

Trip End Date:

13/07/2016

14:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jui Code
3/07/2016	001	Parking/ Tolls	4.00	CAON
		Sum of Receipts	4.00	CAON

Addit	tional Receipt Information	on	
No.	Receipt	Туре	Content
001	Parking/ Tolls	Description	parking receipt
		Additional Text for Receipt	parking at Scarborough office

#### Comments

meeting w/Scarborough employees

Trip Number

## **Travel Expense Statement**

Trip Number

8550090136

Personnel Number:

Traveller's Name:

David GLOS

Trip Start Date:

30/06/2016

08:00 AM

Trip End Date:

30/06/2016

16:00 PM

**General Trip Information** 

Country/Region:

CA-Ontario

STA Applied:

Yes

Category:

Destination:

3. Internal governance

TAN: CDF:

000

Trip Type Statutory:

1- Regular Travel

hamilton

Departure Address

RATOC Number:

Travel Plan Reference Number:

Objective:

Greater Toronto Area Region

**Summary of Settlement** 

Amount (CAD) **Expenses** 

Sum of Receipts to be Reimbursed 8.00

Reimbursement Amount 8.00

**Cost Assignment** 

8.00 CAD of 8.00 CAD assigned to:

Company Code:

0850

CBSA / ASFC

Cost Center:

397160000

Dir. Trade Ops

Order:

Fund:

2001

Operating-Non-Salary

Functional Area:

74100

TRADE COMPLIANCE

Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
		Sum Meals & Incid. man. keyed	0.00	
		Total Meals and Incidentals	0.00	

Trip Number

# **Travel Expense Statement**

Personnel Number:

Traveller's Name:

8550090136

David GLOS

Trip Start Date:

30/06/2016

08:00 AM

Trip End Date:

30/06/2016

16:00 PM

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
	001	Parking/ Tolls	8.00	CAON
		Sum of Receipts	8.00	CAON

Additional Receipt Information					
No.	Receipt	Туре	Content		
001	Parking/ Tolls	Description	Parking receipt		
		Additional Text for Receipt	Parking at Hamilton office		

#### Comments

Trade Directors' Awards, Hamilton

### **Travel Expense Statement**

Trip Number

Personnel Number:

Traveller's Name: David GLOS

Trip Start Date: 25/01/2017 08:00 AM
Trip End Date: 25/01/2017 15:30 PM

#### **General Trip Information**

Country/Region: CA-Ontario STA Applied: Yes

Category: 3. Internal governance TAN:

Trip Type Statutory: 1- Regular Travel CDF: 000

Destination: hamilton

Departure Address RATOC Number:

Travel Plan Reference Number:

Objective: Greater Toronto Area Region

# Summary of Settlement Expenses Amount (CAD) Sum of Receipts to be Reimbursed 10.00 Reimbursement Amount 10.00

#### **Cost Assignment**

#### 10.00 CAD of 10.00 CAD assigned to:

Company Code: 0850 CBSA / ASFC
Cost Center: 397160000 Dir. Trade Ops

Order:

Fund: 2001 Operating-Non-Salary
Functional Area: 74100 TRADE COMPLIANCE

Date	No.	Expense Type	Amount Tax Jur. (CAD) Code
		Sum Meals & Incid. man. keyed	0.00
		Total Meals and Incidentals	0.00

# **Travel Expense Statement**

Personnel Number:

8550094528

Traveller's Name: David GLOS

Trip Start Date: 25/01/2017 08:00 AM
Trip End Date: 25/01/2017 15:30 PM

Receipts				
Date	No.	Expense Type	Amount (CAD)	Tax Jur. Code
25/01/2017	001	Parking/ Tolls	10.00	CAON
		Sum of Receipts	10.00	CAON

Addi	Additional Receipt Information				
No.	Receipt	Type	Content		
001	Parking/ Tolls	Description	Parking receipt		
		Additional Text for Receipt	Parking at Hamilton office		

#### Comments

Meeting with Hamilton staff

Canada

Date: 14/08/2020

Trip Number

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8550104489

### **Travel Expense Statement**

Personnel Number:

Traveller's Name: David GLOS

Trip Start Date: 08/03/2018 12:00 PM Trip End Date: 08/03/2018 15:00 PM

**General Trip Information** 

Country/Region: STA Applied: Yes CA-Ontario

1. Operational Activities TAN: Category:

Trip Type Statutory: CDF: 000 1- Regular Travel

Destination: 3389 Steeles Avenue East, Toronto, ON

Departure Address 6900 Airport Rd, Mississauga, ON

RATOC Number:

Travel Plan Reference Number: Objective: Operations

#### **Summary of Settlement Expenses** Amount (CAD) Sum of Receipts to be Reimbursed 9.00 Reimbursement Amount 9.00

#### **Cost Assignment**

9.00 CAD of 9.00 CAD assigned to:

Company Code: 0850 CBSA / ASFC Cost Center: 397188800 Director EIOD

Order:

Fund:

Functional Area: 74100 TRADE COMPLIANCE

Date	No.	Expense Type	Amount Tax Jur. (CAD) Code
		Sum Meals & Incid. man. keyed	0.00
		Total Meals and Incidentals	0.00

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# **Travel Expense Statement**

Personnel Number:

Traveller's Name: Day

David GLOS

Trip Start Date:

08/03/2018

12:00 PM

Trip End Date:

08/03/2018

15:00 PM

Date	No.	Expense Type	Amount (CAD)	Tax Jur Code
08/03/2018	001	Parking/ Tolls	9.00	CAON
		Sum of Receipts	9.00	CAON

Additional Receipt Information				
No.	Receipt	Type	Content	
001	Parking/ Tolls	Description	Parking receipt	
		Additional Text for Receipt	Parking at 3389 Steeles (RCMP)	

#### Comments

meeting with CFSEU